

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32558

FILED OCT 9 1943

State File No. 6076
Registrar's No. 2264

Registration District No. 1943

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Normandy,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res:- 4212 Roland Dr.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 years.
years, months or days

3. (a) PRINT FULL NAME AMELIA SELB KOHL.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married. divorced Widowed.
6. (b) Name of husband or wife Fred Kohl.. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 17, 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78. 0. 19. hr. _____ min.

9. Birthplace Venice, Illinois!
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

12. Name Theodore Selb.
13. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Sophie Schultz.
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Kohl.

(b) Address 215 Westgate Ave.,

17. (a) Burial. (b) Date thereof 10/8/1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.,

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Bldg.

19. (a) OCT 7- 1943 (b) C. E. Mc Larson, MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 096
(c) City or town Normandy, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4212 Roland Dr.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th,
year 1943. hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from about 9/18/43
_____, 19____, to 10-6-43, 19____;

that I last saw her alive on 10-4-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to hypertensive vascular disease

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations as stated above

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence weeks ago
(c) Where did injury occur? no injury
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no injury

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. H. Nelson (M. D. or other) _____

Address 306 Humboldt Bldg. Date signed 10/6/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr C. H. Neilson.
Humboldt Bld'g.,
JE:- 0251.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Bradford A. Miles

Licensed Embalmer No.

2901

P. O. Address

University City - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.